utilities on working families and small businesses across this country by dramatic amounts. And of course, the President is making plans to travel to Copenhagen later this week on an economic development mission for the city of Chicago.

But I've got to tell you, as a constituent of mine from Alexandria, Indiana, that's with us today, Mr. Speaker, might well attest, when I'm back home, folks aren't talking about how we can pass legislation that raises utility rates or how we can pass legislation that will lead to a government takeover of health care paid for by hundreds of billions of dollars in new taxes and individual mandates, and they're not much talking about the Olympics. What folks back in Alex are talking about is jobs. They're talking about what in the world this Congress is going to do to put America back to work.

Now, back in February when Congress passed the so-called stimulus bill, Speaker NANCY PELOSI stood on this floor and said, This bill is about jobs, jobs, jobs. The administration suggested that if we didn't borrow nearly $1 trillion from future generations of Americans and spread it out in the so-called stimulus spending, that unemployment would reach 8 percent.

In fact, this very useful chart illustrates the point. The Obama administration said that without passing the stimulus bill, unemployment would go from 7.5 percent upwards over 8 percent. They said, with the stimulus bill being passed, that unemployment would not exceed 8 percent.

Now, as people are looking in from the gallery and around the country can see for themselves, the reality is a little bit different. Since the passage of the so-called stimulus bill back in January, not only has unemployment exceeded the high water mark the administration projected at 8 percent, but now it's almost 9.7 percent, and I say with a heavy heart, it might be rising as soon as this Friday.

You know, look, we need a strategy for energy independence in this country, a strategy that begins to take us in the direction of new resources and exploiting our current reserves. Our American Energy Act does that.

We need health care reform in this country that will lower the cost of health insurance for working families and small businesses and lowers the cost of health care in the long term without a government takeover. Chicago might even need the Olympics in 2016.

But more than anything else, we ought to be willing to set all those enterprises aside and work on this. We ought to be willing to do what has always worked to get this economy moving again, and that is fiscal restraint in Washington, D.C., and tax relief for working families, small businesses, and family farms. You combine that with a pro-growth trade policy, you combine that with policies that will result in a stable dollar, you combine that with rational regulatory reform, and you have a prescription for economic renewal and growth. In a word, to borrow the Speaker's phrase, you have a prescription for jobs, jobs, jobs.

And I have to tell you, Mr. Speaker, apart from providing for the common defense and apart from, I believe, standing up for the values that make this country great, we have no higher calling in this institution than to pursue policies that will create conditions to create growth in this country.

And so I challenge my colleagues as we find ourselves talking about government takeovers of health care with their higher taxes, as now the Senate begins in earnest to work on passing a cap-and-trade bill in the name of climate change that will result in a massive national energy tax, why don't we all just do what they're doing back in Alex, Indiana? Let's take a breath. Let's have those debates in the cool of the day, after first and foremost we come together in a bipartisan way, we do what President Kennedy did, we do what President Reagan did, we do what President George W. Bush did after the tower fell, and we pass fast-acting tax relief for working families, small businesses, and family farms this year, and we begin to practice fiscal restraint on Washington, D.C. That combination of traditional American principle applied to this economy will create nothing short of jobs, jobs, jobs, and that's still job one on Capitol Hill.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. Mr. Speaker, it's a pleasure to be able to join you and my colleagues today and those who are in the gallery to talk about something that has been the talk of the town now for a number of months and is an intensely personal and important subject to all of us, and that is the health care of the bodies that we have to live inside.

A great deal has been said and a great deal more needs to be said in clarifying exactly where we are on this issue because of its tremendous importance, its importance to us in an economic sense as a Nation, its importance to us as close to 20 percent of our entire gross domestic product, but also, as I said, because of the importance that each of us have to live inside our own bodies and are much attached to our health care system.

Now, one of the great concerns about what's being proposed is is that the government will not immediately but indirectly and inevitably take over health care. Just as we saw earlier this year, the president of General Motors is being fired by the President of the United States. That's a unique situation. Usually we separate our private industry from the Federal Government, and what is being proposed here is, over time, the government takeover of one-fifth or so of our economy; that is, health care.

Now, when the government does too much, we have come over time to recognize certain consequences. First of all, it becomes very expensive because the government, with its $500 hammers, is not the most efficient. In fact, you could sometimes talk about a health care system with the efficiency of the post office and the compassion of the IRS.

The inefficient allocation of resources is legendary, particularly in other countries that have had the government try to run the health care system. The quality is degraded, and we will talk about those in hard statistics, particularly with people who have, for instance, cancer. We will take a look at what the cancer survival rates are in some of the European countries that have socialized medicine as opposed to the American medical system that we have in this country today.

And then, of course, to me, perhaps one of the more frightening things is bureaucratic rationing. That is, decisions not by a doctor and the patient, but decisions made by some bureaucrat that gets in the way.

Now, the first thing that the people have commented sometimes is, if health care is expensive now, just wait until it's free. That seems to be the experience for, particularly, people of Canada and other Nations.

We have heard that this is a system that's being proposed by our President that's going to be simple, that it's going to save money. In fact, he said if it were going to cost us one dime more, then he wouldn't even support it. And yet we take a look at the simplicity of the organization—this is the Democrats' bill. It's an organization chart for the Democrats' bill. It's complicated. This is trying to put a 1,000-page bill onto one poster, which obviously it is going to look a little bit complicated. But you have here a tremendous maze of interlocking organizations and groups trying to replace a fifth of the U.S. economy. Obviously, it's going to be somewhat complicated. The question is, in this maze, can the patient find their way to their doctor. That is a good question.

Well, what are we talking about in terms of costs here? Is there some way that we could try to decipher when the President tells us this isn't going to cost us much, in fact, the efficiency is going to be such that we can do this whole thing without spending any more money, what sort of a way can we get a handle on that?

Well, one of the things we have already is Medicaid and Medicare and Social Security. Those, of course, are the three huge entitlement programs that have been running for some period of time, and we have here cost projections as to the rate of increase in the expenses for Medicare and Medicaid. And

when you take a look at these over time, what you realize is that if nothing is changed in Medicare or Medicaid, Social Security, that the U.S. Government at a certain point out here, at 2052, for instance, that there will be nothing else in the Federal budget. They will absorb the entire Federal budget.

We have a certain tax rate that we're running, and what we found in terms of tax policy is you can raise people's taxes but it doesn't raise the amount of money the government is pulling in. You can raise taxes so much it stalls the economy and you end up taking the same thing in in taxes as you did when your tax rate was lower.

So this is kind of our historic tax rate, and when you project that out, you realize that Medicare and Medicaid, at least a big portion of this blue chart, is going to gobble up all of the Federal revenues. That means we won't spend any money, not just on food stamps or welfare, not just on art, not just on sort of ancillary things, but there will be no money for defense or anything else with the way that these programs are going.

So the President, when he says this is going to be very efficient, it's going to save a whole lot of money, and you say, well, what do we have as an example of that sort of government efficiency, you've got Medicare and Medicaid. Those are not very comforting examples as to what's going to happen to our GDP.

In fact, the President's made a lot of promises. He complained, as he came in to give his talk here about 3 weeks ago on health care, that he had inherited a $1 trillion deficit. In fact, he had not. It was about a $250 billion deficit, which is bad, shouldn't have inherited that, and yet what we have here proposed in the last 6 months, you can see the level of spending at $3.6 trillion that we've spent in 6 months on all of these—here's the Wall Street bailout. That's $250 billion. That was started in the previous administration, but half of it was spent by our current President.

Then you've got the economic stimulus. I would call it the porkulous bill, didn't have much to do with stimulus at all. There goes $787 billion more. And then you have got SCHIP and then the appropriations. You've got an IMF.

This cap-and-tax, the House has passed this one. This is the biggest tax increase in the history of our country. The President made the promise that if you're making less than $250,000, don't worry, we're not going to tax you, except a little detail. Anytime you flip your light switch, you are going to get taxed, with this $846 billion which is, of course, the biggest tax hike in our history. And then, of course, the government health care that's being proposed, it even dwarfs that.

So we're talking about a pattern in history of a tremendous rate of spending. In fact, if you were to take a look at all of the deficits from George Washington to George Bush, that comes out about five-something trillion. We're looking at $8 trillion for this administration.

So we have a promise that this isn't going to cost very much. We don't have very much historical data to give us any sense that this is going to be a financially responsible package.

Now, one of the things that goes to the heart of health care, and I think probably if a bunch of just plain old Americans were going to stand around and say, you know, let's talk about what are you going to do to health care, one of the things you'd say, well, one thing we know for sure is that we want to make sure that the relationship between the doctor and the patient is left alone. We don't like this deal where the insurance company comes in and gets between the doctor and the patient, and so one of the things we want is to leave that sacrosanct. If you like your doctor or health care provider, you can keep them. If you like your health care plan, you can keep that, too. This is what the President told us in July. He's repeated it. Is that true, though?

He's also said it's not going to cost anything. He also said you're not going to be taxed anything if you make less than $250,000. So what is the truth of this statement? Can you really keep what you currently have, because this is a very important question because 100 million Americans have health care policies and relations with doctors that they like just fine right now. And we've probably got, when you sort through it, about 15 million people who are not insured. And so the question is: Are we going to basically take apart entirely and try to rebuild the system for 100 million people in order to deal with a problem 15 million? That's the question.

So here's the promise that comes from the President, but is that really true? Well, here's MIT health care economist Gruber. He says, with or without reform, that won't be true.

□ 1630

His point is that the government is not going to force you to give up what you have. But that's not to say that other circumstances won't make that happen. In fact, what's going to happen, and that's what this MIT professor was going to talk about, is that when the government jumps in to this entire equation and starts to have a government option, what it tends to do is crowd out the private provider. So over a period of time, your employer is going to say, I'd rather pay the fine and just dump your health insurance on the government; and more and more people do that until, guess what, there is only the government left, the single provider.

Now, you can say, well, do you have any evidence that that's going to go on? Well, we did. It was a week before last, we just voted in a way to make the student loans in America—almost all of them are all going to be provided now through the government. Originally, the government came in just to help the student loan process. But now what's happened over a period of time, the government can easily forgive a student that doesn't pay their loans, whereas the private companies can't.

So the government has an advantage because they keep soaking the taxpayer. And so the question then is, that's what this is, that Jonathan is saying here, what his point is, that what's going to happen inevitably is that we're going to end up with a government-driven system and, therefore, you will not be able to keep your insurance or your health care provider.

And so what is being said is not, in fact, true. Along the same lines, and of particular importance, is this entire question about whether we are going to allow government agents or bureaucrats or people working for the government to make health care decisions. Is the government going to jump into the middle of the doctor/patient relationship? Well, that's not the kind of amendment that's allowed on this House floor. The Democrat Party does not allow us to make amendments that we might like to make. It has to go through Rules Committee. They control the Rules Committee, and if they have an amendment that would be embarrassing or they don't want, they just say you can't have it in the rules to offer that amendment.

But in committees, we do offer amendments. This is an amendment that was offered by Dr. GINGREY. Dr. GINGREY is a good doctor from Georgia, been a medical doctor a long time, now joining us here in Congress. And he said a very simple sentence: nothing in this section shall be construed to allow any Federal employee or political appointee to dictate how a medical provider practices medicine. In other words, this amendment would guarantee the doctor/patient relationship. It would say that that doctor/patient relationship is not going to be interfered with by some government bureaucrat. Well, how did this amendment fare in NANCY PELOSI's committee that was putting together the House health care bill? Well, here's how it came out. The Republicans, 23 Republicans voted ''yes.'' We want to keep that doctor/patient relationship sacrosanct, and none of them were against it. If you take a look at the Democrats, however, 32 Democrats voted against this, which, if you say you're against this, then it suggests that you're going to be in favor of letting bureaucrats control costs. And only one Democrat voted for it.

So what happened? Well, this amendment failed. When this amendment failed, it, again, raises a serious question whether what the President says is really true, Are you going to be able to keep your doctor? Are you going to be able to keep your health insurance? Will you get your health insurance through the same place you get it now, or is it all going to be provided by some

government? Now, I have had either the fortune or misfortune of being in public office for a number of years. And one of the experiences that those of us who are public servants have is we get phone calls. We get phone calls from our constituents and they say, hey, Congressman AKIN, I've got a problem with this, that and the other government agency. Can you help out? Or I've had really a hard time with this, this, and this. Can't you do something about this? And so we, in a sense, then go to bat for our constituents with different either State or Federal agencies.

I recall one of my earliest experiences as a State rep, and there was a bad intersection where there had been some accidents in my district, and we needed to get a left-turn arrow put in at a traffic light. I would bet that I made over 100 phone calls over a 2- or 3-year period to the highway department in our area trying to talk them into putting one lousy left-turn arrow into a traffic light signal. There was already a lane painted for the left turn, so all they had to do was to change the traffic light. It took me several years to talk the highway department into putting one silly left-turn arrow in.

Now, can you imagine what goes on if we're Members of Congress and we get phone calls saying, the government that you represent has told my wife that she can't get that heart bypass. They've told my mother that she can't get that heart bypass. They've given her a bottle of aspirin and told her to go home and wait to die. Is that the sort of thing that we want to deal with with the bureaucrats getting in the way of health care decisions? I don't think so. This amendment should not have failed. If the American public knew that this amendment were being offered, they would have called their Congressman and said, don't you mess with the relationship between me and my doctor, or between our family and our doctor. That's what's at stake.

Now, from my point of view, this becomes personal. I was elected to Congress in the year 2000, came here in 2001 to serve. And one of the things I found out about this Congress is the fact that there are some Navy doctors in this building in a clinic. So sometimes if somebody's walking around in the summer and they have a stroke or this or that, they've got an ambulance, then the first place they go is to the little clinic right here in the Capitol Building. It's almost like a little mini-city for a certain number of blocks. There are some medical professionals that are there. And those medical professionals also offer physicals, your yearly physical. So I had not had a physical because I had been in the State of Missouri in the Missouri legislature, and basically, what happened there was my insurance had a health care provider that there was no way you could go see your primary care doctor, and so the insurance company was getting between me and some potential doctor that I could never even figure out who the doctor was. They said my primary care physician is so and so. You call them and you could never see them. So I walked into the clinic downstairs in this building feeling bullet-proof, about 52 or 53 years old, and they told me my health was great except for one little detail. Congressman AKIN, you have cancer. Now that's the sort of word that gets your attention when somebody tells you that you've got cancer. And so it was that because I was here and I had access to health care, I was able to get the cancer treated.

But if you take a look, when it talks about cancer, let's talk about the survival rates between men and women in the United States. In men it's 62 percent, 66 percent in women in the U.S. Take a look at where it is with socialized medicine in the United Kingdom: 44 percent. For women it's not 66, but it's 52. So in other words, your chances of survival in America are a whole, whole lot better with our free enterprise system. So all of this talk about how bad American health care is, boy, that's a lot of hooey. We still have a very, very good health care system; and to try to destroy what 100 million people enjoy just to try and take care of 15, that doesn't seem to make sense.

I have been joined by my good colleague. Did you want to join us on the health care discussion? Please jump in. I yield.

Mr. MCCLINTOCK. I thank the gentleman for yielding. Mr. Speaker, I wanted to address a matter of the health care debate that was brought up by none less than the President of the United States in this very Chamber just several weeks ago where he assured us that it was not going to add a penny to the deficit. I don't think we can fully appreciate the magnitude of the health care debate without also recognizing the magnitude of the Nation's deficit, and I'd have to call into question the accuracy of the President's assurances to this House several weeks ago.

I brought along a chart. This represents, both as a percentage of GDP as well as total dollars, our deficit over the past 40 years, from 1970 to 2010. As you can see, we've not done a very good job of managing our Nation's finances, except for 4 years during the Clinton administration. I might add, there was a Republican Congress, but give credit where credit's due. Bill Clinton produced 4 years of surplus budgets. We then go into the Bush years which was the most fiscally irresponsible that we've seen in peace time. The last budget deficit taking nearly 3 percent of the gross domestic product of our country.

Mr. AKIN. So let's just go along. So you're saying the worst we had up through Bush was 3 percent of GDP.

Mr. MCCLINTOCK. That's this bar and this point right here.

Mr. AKIN. Right.

Mr. MCCLINTOCK. Now, this red line, that red line is this year's budget deficit ending today, September 30. That's the full fiscal year deficit. You can see it's on a magnitude completely unprecedented in the history of our Nation.

Mr. AKIN. That number is incredible to me. Let me just try and put that in context, what you're saying. When the President started his speech on health care in this Chamber, he complained about inheriting a $1 trillion deficit or something, when it was I guess, 250 billion, so he magnified——

Mr. MCCLINTOCK. Well, actually, fiscal 2008 was about $450 billion.

Mr. AKIN. He said it was $1 trillion.

Mr. MCCLINTOCK. Bush added another 700 billion with the bailout which of course Obama supported. So he can't just blame Bush for that. He supported that bailout, adding another 700 billion. The point is today this year's budget deficit exceeds $1.6 trillion and that is absolutely catastrophic. We all know that if you live beyond your means today, of necessity, you're going to have to live below your means tomorrow and that's the tomorrow that we're creating for our country.

Mr. AKIN. So just to reclaim my time a minute, what you're saying, gentleman, is we've got a big financial problem with this promise that this health care system isn't going to cost anything.

Mr. MCCLINTOCK. Exactly right. I mean, as we know——

Mr. AKIN. And you're saying that red line that you showed, was that about three times more deficit than what he had inherited from President Bush?

Mr. MCCLINTOCK. Actually nearly four times more than last year's deficit.

Mr. AKIN. So the President that stood here and told us he had inherited a deficit didn't mention the fact that he had four times more that he'd spent in 6 months or 8 months than the deficit that he inherited.

Mr. MCCLINTOCK. He has dramatically increased that deficit beyond anything that we've seen in the peacetime history of our Nation.

Mr. AKIN. Anything in the peacetime history, so that'd be a combination of all of these things. Did you count the biggest tax hike in history, the cap-and-tax?

Mr. MCCLINTOCK. We're just looking right now at what we've spent in fiscal 2008 and what we expect to spend by the end of midnight tonight. That's a nearly fourfold increase in a single year.

Mr. AKIN. And that's not even including the biggest tax hike in the history of our country passed by the House that means every time you flip your light switch on you're going to pay taxes on that.

Mr. MCCLINTOCK. This is on the spending side, not on the tax side. In fact, the deficit is the difference between what we spend and what we take in. That's what we're talking about with the deficit. And that's four times larger than it was last year. And as I said, that is being taken out of the future economic prosperity of our country. That's being taken from our kids.

Now we have before us the health care measure which is nearly $1 trillion more. But we are told, don't worry, that won't add a dime to the deficit. Well, pardon my skepticism but——

Mr. AKIN. A trillion dollars won't add a dime to the deficit? That is a stretch.

Mr. MCCLINTOCK. This is the same President who recently announced that he'd underestimated the current deficit projection by $2 trillion. But he assures us this isn't going to add anything more, we're going to pay for it. Well, my problem with that is we've got plenty of experience with government health plans, both in this country and abroad. They've produced very consistent results. They've produced massive cost overruns, followed by an absolutely brutal rationing of care. Now, the point I wanted to make in coming down to the floor today is that when this health bill was considered by the House Committee on Labor and Education, I offered a simple amendment to take the President at his word, to take the Democrats at their word that this is not going to add to the deficit. So the amendment simply said that we're going to suspend the cost components of the bill if the Congressional Budget Office determines that it will be adding to the deficit.

Mr. AKIN. So you basically just took the President's words and just put an amendment to say, okay, we're going to hold your feet to the fire. You said it's not going to add one dime to the deficit so we're going to put an amendment on the bill——

Mr. MCCLINTOCK. We've been assured from the outset that this was not going to add to this catastrophic deficit. So when H.R. 3200 was taken up before the House Committee on Labor and Education, that's exactly the amendment that I offered. If the Congressional Budget Office says this is adding to the deficit, we'll suspend the cost provisions of the bill. Well, perhaps not surprising to you or to those who follow this carefully, but I think surprising to a lot of folks who believed the President, that amendment was defeated on a straight party-line vote.

□ 1645

Mr. AKIN. Let me just highlight what you said then.

What you're saying was the President said this is not going to add a dime to the deficit or that he wouldn't support it.

Mr. MCCLINTOCK. Yet just a few months before that on a straight party-line vote, his supporters in this House defeated an amendment that would have protected the Treasury against this measure adding to our deficit.

Mr. AKIN. And that was your amendment then?

Mr. MCCLINTOCK. It was.

Mr. AKIN. Congressman MCCLINTOCK from California simply taking what the President said, offering it as an amendment, and in a straight party-line vote, it was defeated.

Does that leave you with any comfort that we're not going to add a dime to the deficit?

Mr. MCCLINTOCK. No, it leaves me with a great deal of confidence that the supporters of this bill don't believe that claim. And that's the point I came down here to make. If the President's supporters actually believed this bill would not add to the deficit, they should have had no problem with the amendment. Obviously, they don't have that confidence.

Mr. AKIN. They don't believe that's going to happen.

How are they going to pay for this whole thing, anyway? The Congressional Budget Office says it's a trillion-dollar bill for this basically having the government take over all of this health care, and, of course, that's just for openers.

Mr. MCCLINTOCK. Well, we know what H.R. 3200 says. About a half a trillion dollars is going to be from raising the taxes of the very wealthy individuals who earn over $250,000 a year. Well, we get paid pretty well by the taxpayers for our jobs, but that doesn't affect us. It doesn't affect most people. What a relief, right? Until you scratch the surface and you realize that more than half of those taxpayers aren't very wealthy and they aren't even individuals. They are small businesses filing as subchapter S corporations that are barely holding on by their fingernails right now. Those are the people who will be bearing that.

Mr. AKIN. So now we're going to increase your taxes, right? Is that what you're saying? We're going to increase the tax on small business, is that right, what we're doing?

Mr. MCCLINTOCK. If H.R. 3200 is passed, that's precisely what it proposes.

Mr. AKIN. Let's take a look at the logic of that.

If we increase taxes on small business, they have less money to invest. Small businesses create 80 percent, or 79 percent of the new jobs in our country. We've got unemployment now, not at 8 but 9-something percent. And so what we're going to do is we're going to tax small businesses, which is going to make it even harder for them to put in new pieces of equipment or new processes to hire new people, so we're going to kill jobs even more by going to this socialized medicine.

Mr. MCCLINTOCK. Not necessarily. It will still be very easy to build a successful small business in America. All you'll have to do is start with a successful large business.

Mr. AKIN. I guess that doesn't help us do much in terms of the unemployment. So a piece of it is going to be we're going to tax small business.

My understanding is, though, that some of this is going to come out of the hide of people that are on Medicare.

Mr. MCCLINTOCK. No doubt of that. We've seen the proposals. And the attack particularly on Medicare Advantage.

Mr. AKIN. My understanding that was $500 billion—isn't that close to half of that trillion—is going to come out of Medicare.

Mr. MCCLINTOCK. That's what the authors are proposing.

Mr. AKIN. I am kind of scratching my head because every year we've got a problem that Medicare, they keep trying to automatically ratchet down how much we're spending on it, and then they don't pay the doctors anything, and the doctors are not going to take anybody in Medicare anymore. So we quick-quick do a patch.

I know you have really been keeping an eye on the numbers here, and we very much appreciate your leadership. The people of California did a good job of sending you here.

But how in the world—you're a good numbers man—how in the world are we going to cut $500 billion out of Medicare and not expect to feel that somehow?

Mr. MCCLINTOCK. The fact is ultimately I think the supporters of the bill realize that their numbers don't add up. That's why they have opposed every attempt to actually enforce the fiscal integrity of this measure by amendment. The question I think all of us should be asking right now is if the authors of this plan have no faith in its fiscal integrity, why should the rest of us?

Mr. AKIN. That is really a good question.

And the thing that's disturbing for my good friend from California, the thing that's disturbing is that you're not the only guy that's offered amendments in committee on this bill.

Mr. MCCLINTOCK. Quite right.

Mr. AKIN. The amendment that I just mentioned a moment ago—which I think to me, it's personally scary—and this is a medical doctor, and what he's saying in this bill is nothing in this section shall be construed to allow any Federal employee or political appointee—that is a bureaucrat—no bureaucrat can dictate how you and the doctor, how that medicine is going to be delivered.

In other words, the doctor and the patient make the decisions. And again, just like your amendment, this thing goes down in flames on a straight party-line vote.

How can you stand there and vote that you want bureaucrats to ration health care? I don't understand it. But I do understand why Americans would be strenuously opposed to this.

Mr. MCCLINTOCK. While we're on the subject of amendments that have already been offered to H.R. 3200, there are two others we ought to mention. One, making it very clear that illegal aliens will not be entitled to care under this plan. That was voted down on a straight party-line vote. So obviously the intent of the authors of the bill is something quite a bit different than the President assured us was the intent on the floor several weeks ago.

Mr. AKIN. Just to reclaim my time for a minute, this is the President. I've

got the actual flip of his quote on that subject:

''There are also those who claim that our reform effort will insure illegal immigrants. This, too, is false. The reforms I'm proposing would not apply to those who are here illegally.''

Now, that's pretty plain what the President said, but is it true?

Mr. MCCLINTOCK. Yet an amendment that made that clear was voted down on a straight party-line vote in committee.

Another amendment that was offered, as you know, was to require Members of Congress to take the public option.

Mr. AKIN. Well, there's a poison pill.

Mr. MCCLINTOCK. And interestingly enough, that amendment was killed on a straight party-line vote in the Ways and Means Committee.

Mr. AKIN. Here is actually the text of this amendment. This is the Heller amendment, one of our colleagues. Bright fellow. He offers this amendment in committee: In order to utilize the public health insurance option, an individual must have his or her eligibility determined and approved under the income and eligibility verification system—that's this—and the systemic alien verification for entitlements, SAVE programs, under section 11.

In other words, what they're saying is if you want to get this free health care from the government—which is going to be very expensive for your free health care—you've got to prove you're here legally.

Now, this amendment also was offered in committee. Republicans gave it 15 ''yes'' votes and zero ''noes,'' no one voted against it, and yet the Democrats had 26 people saying, No, we don't want this in the bill. That means, in other words, that there is no enforcement mechanism for these illegals, that they're just going to come in and we're supposed to pick up the tab for all of these other people.

In fact, it was interesting to note that this very question was sent to the Congressional Research, which is a nonpartisan group, and they point the same thing out. The President is just flat wrong.

It says here, under 3200—that's Speaker PELOSI's bill—health insurance exchange would begin operation in 2013 and would offer private plans alongside a public option. Does not contain any restrictions on noncitizens, whether legally or illegally present.

This is just a bunch of researchers who read the bill. Which is, of course, when you've got a thousand-page bill and all of this—but that's what they came up with.

You've given us a number of examples: One, it's not going to add a dime to the deficit. We know that's not true because you offered the amendment. And then the other one is that you get to keep your doctor and you get to keep your insurance. And then there's this thing that it's not going to fund illegals.

I can see why the American public would be upset because they're getting very conflicted information.

Mr. MCCLINTOCK. You mentioned the researchers reading the bill. The big problem for supporters of this government takeover of our health care system is very simple: the American people are reading the bill and are realizing the impact that it will have on their lives and are now rejecting it by a substantial margin.

Mr. AKIN. That raises another question, that the American public has a chance to read the bill. Because what's being proposed by those of us who are Republicans is that we want to make sure that there are 72 hours for people to be able to read something before they pop it up for a vote.

You and I sat here on this floor, and we find out that 300 pages of amendments were passed at 3 o'clock in the morning, and the next day we're supposed to vote on a thousand-page bill with 300 pages of amendments. And the usual policy is there's a copy of the bill here in this Chamber. Well, there wasn't any copy of the bill, on that cap-and-tax bill. They were still busy trying to collate the amendments when they were taking the vote.

And the American public thinks, hey, maybe it's a good idea if you guys read the bills before you pass them. We have a proposal to allow for 72 hours so people could read the bill.

Mr. MCCLINTOCK. I come from the California legislature, and I thought that was a process that had deteriorated. But the California legislature in its constitution requires that a bill be in print for 30 days before any action; even a committee changing a punctuation mark. Thirty days.

Mr. AKIN. I thought California was the land of the fruits and the nuts. All of us in Missouri, we kind of worry about California out there. And yet you are so much more sober than the way this institution is.

Mr. MCCLINTOCK. California still has a few last vestiges of sobriety in its process, that being one of them. A proposal that a bill should be in print 72 hours before final passage doesn't sound so radical.

Mr. AKIN. Doesn't sound radical to me at all. I don't think our constituents, gentleman, would think that's radical that we would have 72 hours at least to look over some proposal before we're going to be voting on it.

And yet what we saw in that huge bill—I guess it was 1,300 pages when you put the 300 with the thousand—the biggest tax increase in history. Snap, bam, we passed it right out of the House here.

Mr. MCCLINTOCK. And don't forget the so-called stimulus bill.

Mr. AKIN. Oh, that was a piece of work.

Mr. MCCLINTOCK. $787 billion, more than three-quarters of a trillion dollars, the biggest spending bill in the history of this country, introduced at 11 o'clock at night and taken up for debate at 10 o'clock the next morning.

Mr. AKIN. And did that have some ACORN funding in it?

Mr. MCCLINTOCK. And if you want to know why it is that the Federal Government would end up sending out 4,000 stimulus checks to incarcerated felons at various penitentiaries, there's your answer.

Mr. AKIN. That was another piece of efficiency and government at work, especially when you do things in the midnight hour and try to hide things under the basket that way.

Mr. MCCLINTOCK. As you know, there's a lot of concern among the Members of Congress, particularly on this side of the aisle, that the intention of the majority is to suddenly emerge with a new health care bill in the same manner that we saw the stimulus jammed through. That's why we're seeing so much resistance among Democratic Party leaders to the discharge petition that requires the bill be in print for 72 hours and bring it to the House floor for a vote.

Why would they be resisting?

Mr. AKIN. Just think a minute. Let's say that you were the Speaker, Speaker PELOSI, and you had a bill that was going to do these things: one, it's going to take $500 billion from Medicare. So that doesn't mean that your older people in America are going to be too happy with it. Two, it's quite clear that it will provide abortions over time, free abortions for people using taxpayers' money. That doesn't make the pro-life community too happy.

So they've got the older people on Medicare, you've got the pro-life people upset. Then if you're a small business person—small business employs about 80 percent of the people in America—they're going to get a huge tax increase to help pay for this government takeover. Well, the small business people aren't going to be too happy with it.

Let's see what else you've got.

You've got a hundred million people who have insurance policies, and those insurance policies, they're pleased with because they have a good relationship with their doctor. So they're getting good health care currently. And that whole system is going to be completely rewritten. They've been promised they can keep what they have, but they're not going to be able to. So they're not going to be very happy either.

When you start putting all of those things together, you're going to have illegal immigrants being able to get free health care on the back of the U.S. taxpayer, you start putting that all together and you're Speaker PELOSI, that's a hard bill to pass. So you've got to do something tricky to get that thing through.

Mr. MCCLINTOCK. Justice Brandeis long ago told us that sunlight is the best of disinfectants, sunlight on this bill that the majority seems so frightened of. And that's why it's so important to get that 72 hours' notice, not just for the Members of Congress who are being asked to vote on it but for

the people of the United States who are being asked to live under it ought to have some chance to know what bills are being proposed and being adopted by this Congress in their name that directly affects the quality of their lives and their families' lives.

Mr. AKIN. I was just talking a little bit earlier. Did you serve in the California House as well?

Mr. MCCLINTOCK. Yes.

Mr. AKIN. I'm sure that you've gotten phone calls from your constituents and they're saying, Hey, Congressman, I'm having trouble with this, that, or the other part of the Federal Government, I'm trying to get my passport or this or that. And you or your office goes to bat for those people trying to talk to different Federal agencies to help them with their problem.

Now, I'm just trying to picture in my mind. Let's say that the Democrats jam this thing down everybody's throats. Can you picture getting a call from somebody from your district and they say, The bureaucrat that you're in charge of in that Federal Government just told my mom she couldn't have a heart bypass.

How are you going to deal with a constituent like that?

Mr. MCCLINTOCK. That's a story that we hear all the time out of those nations that have allowed their governments to take over their health care system. There's an article I believe in the Wall Street Journal today telling the story of a Canadian from Calgary who had a hip problem. It was going to be more than a year before they would allow her the surgery. Of course they're not allowed to have private insurance in Canada. As the bumper sticker says, The government hates competition.

□ 1700

She traveled to Montana and paid $50,000 out of her own pocket so that she could get that hip surgery done in a timely manner.

Mr. AKIN. I think The Wall Street Journal had another guy—I remember, because he was in his late fifties—and the Canadian system said, Sorry; you're too old. You can't get a hip replacement. Well, I'm 62 and my hip has been giving me trouble. I'm probably going to have to get a hip replacement. I fell on some ice when I was jogging 10 years ago. They basically tell me, Take some aspirin and suck it in, buddy, because you're not allowed to have that.

Mr. MCCLINTOCK. You may remember the story of the Calgary mother a few years ago. It was a big story at the time. I think she had identical quintuplets. The odds of that are something like one in a zillion.

Mr. AKIN. Winning the lottery.

Mr. MCCLINTOCK. So a great deal of publicity. What didn't get a lot of publicity was the fact that that Calgary mother had her baby in Great Falls, Montana.

Mr. AKIN. Are those all U.S. citizens now?

Mr. MCCLINTOCK. By the way, she wasn't just visiting Montana. She had to be rushed more than 300 miles south to an American hospital to have those babies, just as the woman with the hip surgery, also from Calgary, had to travel to Montana to have her hip surgery done. And the question occurs: If we allow the same thing to happen to the American health care system, where are we going to go for necessary surgery when all of us end up on a waiting list?

We all know that a common hallmark of the bureaucracy is long waiting lines, whether it's at the DMV or the post office. Long waiting lines at the DMV and the post office are inconvenient and they're annoying, but a 6-month waiting list for needed heart surgery can be downright fatal.

Mr. AKIN. Well, Congressman MCCLINTOCK, you just brought up a little bit of a tender subject for me. Just about 6 or maybe it was 8 weeks ago, my father, who's 88, in the State of Missouri, went to a new heart doctor. His new heart doctor took a look at the medicines his previous doctor had prescribed and said, What did the doctor do for your heart? My dad said, Well, I don't know what you mean. He just gave me these medicines.

So you can see this troubled look in his new doctor. The new doctor says, Well, you need to come in tomorrow, and we're going to give you a chemical stress test. I don't know how exactly that works, but it's like a stress test of being on a treadmill, except it's for older people. They do it chemically, somehow.

He didn't go very far and the doctor said, Stop, that's good enough. He said, You need to come in the beginning of next week for this heart catheterization, or whatever it is. So he comes in and they put him out and they take a camera and go up through his leg and look at his heart.

He wakes up—and they said they might put some stents in or something—and they said, Well, we didn't do anything. And I was at the meeting with the doctor. The doctor said, Your heart is in too bad a shape to put in stents. You need open heart surgery.

This is, mind you, about a week and a half elapsed, or so. So I'm at the meeting on Monday and he says, Here's the numbers. First of all, if you have open heart surgery at 88 years old, because it should have been done earlier, you've got about a 10 percent chance of a major complication. But if you don't get it this next year, you've got a 50 percent chance of a major heart attack. So you take a look at the numbers and you go, Okay, he explained it so I understand it.

So the doctor said, Well, you can come in tomorrow or Thursday. It's Monday. My father goes in Tuesday, has a seven-way heart bypass and by Saturday he's back home again, and he's doing well now.

Now people want to say that the American health care system is broken, but I would suggest that that being done in less than 3 weeks, a seven-way heart bypass and the technology involved in that, that's the kind of thing that you're never going to see with a government-run health care system.

Mr. MCCLINTOCK. Fortunately, there is a better alternative. It can be summed up in a word: Freedom. We have the ability through the tax system to provide a refundable, prepaid tax credit; a health voucher, if you will, on a sliding income scale that would bring within the reach of every American family a basic health plan that they could choose according to their own needs; that they could own, regardless of who their employer is; and that they could change if it failed to suit their needs.

Mr. AKIN. So the government wouldn't have to run the whole thing at all.

Mr. MCCLINTOCK. Correct. It would be the individual owning their own policy.

Mr. AKIN. That's something about freedom, isn't it?

Mr. MCCLINTOCK. You can tell a nonresponsive insurance company, You're fired—I'll take my business elsewhere. You know, in all the years I've held public office, I've never had anybody write a letter to me and say, My grocery store stopped carrying Wheaties this month, and you need to pass a law to force them to do so.

Why don't I get those letters? Because it's a lot easier to take your business to the next supermarket that does have what you want at a price that's competitive

Mr. AKIN. That's called freedom, isn't it?

Mr. MCCLINTOCK. The problem is, today in this country, unless you're self-employed, chances are you don't own your own health plan. Your employer owns it or the government owns it. And you don't control it and can't tell a nonresponsive health plan or a nonresponsive company, You're fired, because you don't own the plan to begin with.

If we can use the tax system to bring within the means of every family that basic health plan that they will own, they will then have the same power over their health plan, over their health insurance company, that they have right now over their grocery store—to take their business elsewhere if it fails to meet their needs.

Mr. AKIN. Gentleman, what you're talking about is you're talking about one of a whole series of different Republican proposals of what can be done to health care. Our position in being very critical of socialized medicine is not to say that there aren't things that are constructive or positive that should be done with our current health care system. In fact, a lot of the problems in our health care system were put there because we already have the government with its big nose in about half of it.

But there are some things that can be done. As you say, one of the things is you own your own health care policy. People sometimes use the word ''portability.'' That is, if you own it, you can take it with you as you go from job to job. It also means if you're insured, you're not going to get uninsurable because you already have the health care plan.

Mr. MCCLINTOCK. And if you have that voucher that brings within your reach that basic health plan and then have the freedom to shop around for that plan that best meets your needs, you are in a controlling position that will protect you against nonresponsive insurers, nonresponsive health plans.

But that's going to require a couple of other things, which is also included in Republican legislation. One of those things is the freedom to shop across State lines for that plan that might give you better services at a lower cost. I know in California we don't have that freedom. We don't require Californians only to shop at California retailers or only to bank at California banks.

Mr. AKIN. You just don't buy your groceries in California. You can go across State lines to buy groceries.

Mr. MCCLINTOCK. Exactly. We don't allow the freedom of Californians—and this is true of most States—to go across State lines to buy a better health plan.

Mr. AKIN. That makes a whole lot of sense, doesn't it?

Mr. MCCLINTOCK. Of course it does.

Mr. AKIN. And the way that works is that of course you've got different States that have their own requirements for health care, but if a plan meets the requirements of a given State, and that company wants to sell their health plan to someone over a State line, now you've got a chance for shoppers to get a better price on their product. And it tends to break up the monopolies that an insurance company can generate in a particular State market.

I picture, gentleman, that that's going to be particularly effective where you've got basically large metropolitan areas that span several States. You can go back and forth and kind of shop for what's better for you. Is that your impression?

Mr. MCCLINTOCK. Exactly right. You remember what Will and Ariel Durant wrote. This was before the government took over our automobile manufacturers. They asked the question, What makes Ford a great car? Chevrolet. Competition.

We restrict competition in the health care field. And that's one of the reasons why people have such restrictions on their choices.

Another of the restrictions on their choices, of course, are the endless number of mandates that are imposed by State governments and the Federal Government. Every one of those mandates require you to pay for coverage you might not want, you might not need, but you're being forced to pay for.

Mr. AKIN. Or you might not able to afford.

Mr. MCCLINTOCK. I tell you another thing that needs addressing—and that's where this debate is so healthy; there are things that have to be changed—and that's the question of preexisting conditions.

I had a fellow come to me a few years ago. He had left his job and therefore lost his insurance. So he was now trying to get insurance as a private individual. He couldn't find it anywhere. Why? Preexisting condition. He had bursitis.

He says, Look, I don't care about the bursitis. I'll take care of that myself. I'm concerned about a catastrophic disease or a catastrophic illness. Just write me a policy for all of that and I'll take care of the bursitis myself.

The response was, We'd love to write you such a policy, but we can't.

Mr. AKIN. Why would that be, gentleman?

Mr. MCCLINTOCK. It's against the law.

Mr. AKIN. Against the law federally?

Mr. MCCLINTOCK. In California. I actually introduced legislation in the California legislature that would allow health plans to provide coverage and write out that preexisting condition. Also, by the way, legislation to allow Californians to shop across State lines. Both of those were killed on straight party-line votes in the California legislature, and now we're watching the same reforms being defeated here by the Democrats in this Congress.

Mr. AKIN. It's interesting that we seem to—as a political party system, the Democrats seem to be wedded to trying to copy what did not work well in the United Kingdom or in Canada. You can take a look at these cancer statistics and other measures of quality and they're really bad.

If you look overall at cancer in the United Kingdom, you're looking at a 50 percent survival rate. Whereas in America, the numbers are so much higher. So why do we want to repeat something that doesn't work? Why do we want to mess up something that 100 million Americans have got a good system going, and we want to just turn it over to the government?

It's almost like we've got these blinders on. Regardless, we know the government should do it all. And so half the Democrats want to go that way, the other half are kind of dragging their feet—and I'm thankful for them.

Mr. MCCLINTOCK. But Americans know better. There's a certain degree of skepticism that the same government that pays $400 for a hammer and $600 for a toilet seat and is currently running a $1.6 trillion annual deficit is somehow going to keep our health care costs down. There's a great deal of skepticism that the same government that runs FEMA is going to somehow bring efficiency to our doctors' offices. And there is a great deal of skepticism that the same government that runs the IRS is going to bring compassion and understanding to our insurance companies.

Mr. AKIN. You know, that's the thing that I find hard, the amount of faith that's required, when you take a look at the performance of government agencies, to turn our physical bodies over to those government agencies to take care of us. It's kind of a hard thing to swallow.

As you say, the compassion of the IRS, the efficiency of the post office. FEMA, we've seen that—legendary. But we've got other ones. You've got the Department of Energy.

Do you know why the Department of Energy was created? To make sure we weren't dependent on foreign oil. Aren't you glad that we've got all those employees making sure we're not dependent on foreign oil?

And then you've got the CIA; the cloak and dagger stuff. Well, that would be great, but they're the ones that gave us a report in Gulf War I that the Iraqis were 10 years away from making a bomb, a nuclear device. When we got in there, they were about a year to a year and a half away from making it in Gulf War I. So we go to Gulf War II, they tell us, Oh, within a year, year and a half, they'll have a bomb. We get in there, and they weren't doing anything.

And we want to trust our health care to these agencies? It's one thing if it's the post office or something, a letter gets missed. What happens—that's what I'm asking you my friend—what happens when we get the call and somebody says, Congressman MCCLINTOCK, they're not letting my mom get the heart bypass, and I don't have any other alternative. How are we going to deal with that? How can we explain that?

Mr. MCCLINTOCK. We've seen it time and again, every single time, whether it's in Britain or Canada or in places like Tennessee and Massachusetts that have tried the same thing. Very consistent results. Every time. Massive cost overruns that must be then followed by a brutal rationing of care.

Mr. AKIN. That's the other thing that's interesting. America, such a great country, and we have these fifty States. And the States, to some degree, were like little laboratories. People could try stuff in the States and see how it worked. And then, if it worked really well, perhaps you might want to bring it to the Federal level. But why would we want to repeat the failed experiment of Massachusetts and Tennessee?

□ 1715

Mr. MCCLINTOCK. I just want to thank you, Congressman, for organizing this discussion today and for including me in on it. I know you have some remarks to conclude with, so I will yield back.

Mr. AKIN. I very much appreciate your taking some time to join with us.

This is such an important discussion. Your experience in California with the great amendments that you offered both in California but now, I understand, in committee are making it clear that the promise, we are not going to spend one dime of deficit, and yet it gets defeated on a straight party-line vote. It took some courage to offer that amendment, but at least it defined where we are in this entire situation. And I'm very thankful that you came out and joined with us today on a very important discussion.

The talk is that sometime in the next couple of weeks, this whole thing may come down to a vote. Once again, I go back to my own personal experience with having been a survivor of cancer, coming into this very building, having medical doctors tell me, Congressman AKIN, you are fit as a fiddle except for the fact you have cancer. That's a sobering kind of thing. So what had happened to me was the insurance companies had discouraged my getting a physical. I should have. If I had been smart, I would have forced myself to get a physical and line up and wait for it all, but I didn't do it until I got here in Congress.

Well, here's what happens, one step worse than an insurance company getting between you and your doctor, and that's when the Federal Government gets in between and starts to ration and dictate what's going to happen. We have this experience in the United Kingdom with what happens in cancer there, and in Italy and Spain. Then you take a look at the U.S. results, and in spite of the complaints about American health care, if you're some well-to-do sheik from Bahrain and you have got unlimited billions of dollars or millions of dollars to spend and you're sick, guess where you come. You come to the good old USA for our health care because we still have a lot of good things going on with the level of services we provide.

There are changes that need to be made, but the change doesn't need to be socialized medicine. It doesn't need to be a government system which will crowd out all of the privates. It doesn't need to be a system which is going to create an incentive for private companies to dump their employees on the government. It doesn't need to be a system which is going to take $500 billion of Medicare funds away from people who are on Medicare. It doesn't need to be a system that basically guarantees that illegals can get health care at the public trough. It doesn't need to be a system that says that we're going to use Federal money to provide free abortions for anybody who wants those. And it doesn't need to be, above all, a system that is driven by bureaucrats getting between the patient and the doctor. Those are things that we don't need in America.

Americans, in spite of the fact that a great preponderance of media have not been giving all the facts and pointing out that these quotations are not true, in spite of that fact, Americans across the board, whether they're liberal or conservative or whatever, they're saying, Please, don't take our one-fifth of the economy and completely redesign it to fit 15 million people who may not have insurance when 100 million people are comfortable with what they have.

We need some reforms. We need some changes, and there are some very good things we can do. We haven't even mentioned tort reform, the high cost of defensive medicine. That's one thing that's needed to be fixed for a long time. That will drive health care costs down. We haven't even mentioned here today the fact that people that work for big companies or the government get to buy their health insurance with pretax dollars; whereas, a small business or self-employed person has to pay for their health insurance with after-tax dollars. That is not just. It should not stand. We should not tolerate this.

There are changes we need to make, but socialized medicine is certainly not one of them. All you need is a little common sense to look at the foreign countries or the two States in America that tried this Pelosi-type plan and you will see that this is not the direction we need to go.

30-SOMETHING WORKING GROUP ON HEALTH CARE

The SPEAKER pro tempore (Mr. BOCCIERI). Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. RYAN) is recognized for 60 minutes as the designee of the majority leader.

Mr. RYAN of Ohio. I thank you, Mr. Speaker. This is our traditional 30-something hour. We will be talking about health care and try to rebut some of the claims that have been made earlier here tonight. But before we do this, we have had several situations going on in the Pacific, and we wanted to yield as much time as the gentlelady from Guam may consume to talk about the circumstances that are going on in her district.

I gladly yield to Ms. BORDALLO.

TSUNAMI IN AMERICAN SAMOA

Ms. BORDALLO. Mr. Speaker, thank you very much, and I want to thank the gentleman from Ohio for giving me some time to discuss the very serious disaster that just happened in one of the U.S. territories in the Pacific.

I come to the House floor this evening in the wake of a tsunami that struck yesterday on the shores of the Samoan Islands, resulting from an earthquake centered in the Tonga Trench of the Pacific Ocean. The epicenter of this earthquake is estimated to have been about 120 miles south of the islands of Independent or Western Samoa and from American Samoa, which is represented in this body by our distinguished colleague Mr. FALEOMAVAEGA.

The strength of this earthquake was measured by the United States Geological Survey at 8.0 magnitude on the Richter scale. Eyewitness accounts indicate that the tsunami triggered by this earthquake brought four back-to-back series of waves, ranging from 15 to 20 feet in height, to the shores of American Samoa and that these powerful waves penetrated up to a mile inland upon impact.

Given the gravity of the situation at hand, I convey on behalf of my constituents, the people of Guam, our deepest condolences and sympathies to the Governor and the first lady of American Samoa, to our colleague Mr. FALEOMAVAEGA, and to their entire community on this tragedy. Our hearts and our prayers are with the families who have lost loved ones or who have been injured as a result of the disaster.

Mr. Speaker, our island communities in the Pacific stand in solidarity with the people of Samoa, as do our fellow Americans from all across our country. When disaster strikes, we pull together as Americans and as a country, and in the Pacific, we do so as fellow islanders.

The people of American Samoa are no strangers to the course of nature and to the forces of the sea. The Samoan culture has survived over centuries. Living in harmony with the sea is rooted deep in their culture and way of life. They are a great seafaring and resilient people with a strong sense of family and community. We know that they are pulling together at this time to comfort and to console each other and to begin to rebuild and recover. Their spirit has not been diminished or dampened. Rather, it is being tested, and they are answering the call tremendously.

The fatality rate for this disaster continues to rise, as does the number reported to have been injured, and we grieve with our fellow Americans. The President this morning issued a major disaster declaration for American Samoa, and the Federal Emergency Management Agency, FEMA, under the leadership of its administrator, Mr. Craig Fugate, is marshaling and coordinating the relief resources as we speak. An AC–130 aircraft and a U.S. Navy frigate have been dispatched to deliver the first line of Federal relief. The arrival in American Samoa of other assets will follow in the coming hours, bringing critical food, water, medicine, medical supplies, and personnel. All branches of our military, including the National Guard, are organizing their contribution to this humanitarian mission as we speak.

Our allies and friends in the region have already reached out, extending invaluable diplomatic lines of support and important messages of encouragement. Governor Tulafono, Congressman FALEOMAVAEGA, and other island leaders have been in around-the-clock communications with Federal officials and leaders of neighboring islands as to the situation on the ground and the status of recovery efforts. Mr. FALEOMAVAEGA, we know, would be